PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/723,523 | | | ing Date 26/2003 | To be Mailed | |
|--|---|---|--|---|------------------|---|---|---|----|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | | | HER THAN | |
| Н | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | OR | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), | \neg | N/A | LLD NO | N/A | | N/A | TLE (0) | i | N/A | TLE (0) | |
| ┢ | SEARCH FEF | or (c)) | N/A | | N/A | | | | ł | | | |
| ౼ | (37 CFR 1.16(k), (i), EXAMINATION FE | | N/A | | N/A | | N/A | | ł | N/A | | |
| TO | (37 CFR 1.16(a), (p), | | N/A minus 20 = | | N/A | | N/A x s = | | OR | N/A x s = | | |
| INE | CFR 1.16(i)) EPENDENT CLAIM | s | minus 20 = * | | | | x \$ = | | OR | x s = | | |
| (37 | CFR 1.16(h)) | 16 th o | If the specification and draw | | as suspend 100 | 1 | A # - | | ı | ^ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | sheets of paper, the application s is \$250 (\$125 for small entity) for additional 50 sheets or fraction the 35 U.S.C. 41(a)(1)(G) and 37 CF | | | | | | | | | |
| | MULTIPLE DEPEN | 7 CFR 1.16(j)) |] | | | 1 | | | | | | |
| * If | * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | 1 | TOTAL | | |
| APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| AMENDMENT | 02/06/2008 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16(i)) | · 39 | Minus | ·· 42 | = 0 | 1 | x \$ = | | OR | X \$50= | 0 | |
| | Independent (37 CFR 1.16(h)) | • 1 | Minus | 3 | = 0 | 1 | x \$ = | | OR | X \$210= | 0 | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | |
| ٩ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | |
| | | (Column 1) | | (Column 2) | (Column 3) | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,16()) | | Minus | | - | 1 | x \$ = | | OR | x \$ = | | |
| M | Independent (37 CFR 1,16(h)) | | Minus | *** | |] | x \$ = | | OR | x \$ = | | |
| 富 | Application Size Fee (37 CFR 1.16(s)) | | | | | 1 | | | 1 | | | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | 1 | | | OR | | | |
| | | | | | | | | | OR | TOTAL ADD'L FEE | | |
| If the entry in column 1 is less than the entry in column 2, write 10° in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USETO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CER 1.16. This collection is extensive the size of a window properties, and submitting the completed application form to the USETO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggescions for reducing this burdon, should be sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.